

## State of NJ

## Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

B &amp; G proj. #: 2012-104

\*\*\*Emergency Non Sub 8\*\*\*

Check # 5261

Date of Notification (1) 05/17/12		Name of Building Owner/Operator (2) Rutherford Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Emergency	
Street Address 176 Park Avenue		City, State, Zip Code Rutherford, NJ 07070	
Name of Contact Robert Brown		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Rutherford High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 54 Elliot Place			Square Feet # of Floors Bldg. Age		
City (5) Rutherford	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 5/18/12		Sched. Completion Date (11) 5/19/12	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: Start work 4:00 pm			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure  
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Pool area Girls Locker room			X	pipe insulation	6 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 5/21/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Vucenovic Luna	Title Office Administrator	Signature Gordana Luna	Date 5/17/2012



State of NJ

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

B &amp; G proj. #: 2012-104

\*\*\*Emergency Non Sub 8\*\*\*

Check # 5261

Date of Notification (1) <u>05/17/12</u>		Name of Building Owner/Operator (2) Rutherford Public Schools		APPROVED NJ Dept of Health & Senior Services <i>[Signature]</i> Date: <u>5/17/12</u> Time: <u>10:56AM</u>	
Agencies Notified		Street Address 176 Park Avenue			
Type Notification		City, State, Zip Code Rutherford, NJ 07070			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Emergency			
		Name of Contact Robert Brown		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Rutherford High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 54 Elliot Place			Square Feet # of Floors Bldg. Age		
City (5) Rutherford	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 5/18/12		Sched. Completion Date (11) 5/19/12	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one)		Street Address 105 Ryerson Road			
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Start work 4:00 pm		City, State, Zip Code Lincoln Park, NJ 07035			

## Scope of Work (check all that apply)

- ☐ Demolition      ☒ Renovation      ☐ Full Containment w/negative pressure      ☒ Glovebag procedure  
☒ >3 sf or >3 lf      ☐ ≥160 sf or ≥260 lf      ☒ Mini-enclosure      ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c l o p	E n c l
	Yes	No	N/A						
Pool area Girls Locker room			X	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 5/21/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Vucenovic Luna	Title Office Administrator	Signature <i>Gordana Luna</i>	Date 5/17/2012



EMERGENCY  
REQUEST FOR WAIVER  
3750

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Permitted to NAC 17:27 and 17:28)

APPROVED  
NJ Dept. of Health & Senior Services  
Date: 5/15/12 Time: 1:30 PM

Date of Notification (1) 5-14-12		Name of Building Owner/Operator (2) Hudson Harbour Condominium Association	
Agency Method <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DEL <input checked="" type="checkbox"/> DCH <input type="checkbox"/> DCA	Type Abatement <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Emergency (including building fire) <input type="checkbox"/> Control after	Street Address 1203 RIVER ROAD City, State, Zip Code EDGEWATER NJ 07020	
Name of Facility Where Abatement is Taking Place (3) Hudson Harbour Condominium Association		Type of Facility (6) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)	
Street Address 1203 RIVER ROAD		Square Feet 95000	
City (5) EDGEWATER		# of Floors 22	
County (8) BERGEN		Year Bldg. Built 1960	
County Code (7) 000000		Contract Date (Per Building Abatement) APR/OCT/00	
Name of Abatement Firm (4) (Must be Building Owner (3))		ASCE No.	
Street Address		Name of Abatement Contractor (9) Best Removal Inc.	
City, State, Zip Code		Street Address 450 South River St.	
Project Manager for Abatement Firm		City, State, Zip Code Hackensack, N.J. 07601	
Telephone No.		Telephone No. 201-329-7444	
Short Date (10) 5-15-12		Occupancy Completion Date (11) 5-24-12	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Restricted During Part or Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8AM-5PM		Name of OSHA Monitor Omega Environmental Services	
Scope of Work (Check All That Apply) <input type="checkbox"/> All of or 10% <input checked="" type="checkbox"/> 100% of or 25% <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Chamber <input type="checkbox"/> Cleaning Procedures <input type="checkbox"/> Hot Chamber (7) and Full Containment Procedures		Street Address 280 Huyler St.	
Location of Asbestos Containing Material (ACM) NO REASBEST in Facility (12)		City, State, Zip Code South Hackensack, N.J. 07606	
Is Location Immediately Used Daily by Maintenance Control Staff? (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfing, VAT, or other miscellaneous)	
Yes No N/A		Amount (Specify SF or LF)	
GROUND FLOOR EXERCISE RM		VAT/MASTIC 595 SF X	
GROUND FLOOR EXERCISE RM		THERMAL SYSTEMS INSULATION 606 SF X	
Name of Registered Waste Handler Best Removal Inc.		NACAP Waste Handler ID No. 17109	
City, State Hackensack, NJ		Cubic Yards of Waste 2.405	
Name of Registered Landfill Minerva Enterprises Inc.		City, State Waynesburg, OH	
Signature of R. Veldran		Signature R. Veldran	
Title Estimator		Date 5-14-12	



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 9614

GAC # 334-12

<b>Date of Notification (1)</b> May 18, 2012		<b>Name of Building Owner/Operator (2)</b> INSURANCE AUTO AUCTIONS INC.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification # <input checked="" type="checkbox"/> Emergency (Including Justification letter) <input type="checkbox"/> Cancelled	
<b>Street Address</b> 87 RANDOLPH AVENUE		<b>Street Address</b> TWO WESTBROOK CORPORATE CTR., SUITE 500	
<b>City (5)</b> AVENEL		<b>City, State, Zip Code</b> WESTCHESTER, IL 60154	
<b>County (6)</b> MIDDLESEX		<b>Name of Contact</b> MICHAEL WACHOWSKI	
<b>County Code (7)</b> (State Use Only)		<b>Telephone Number</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> 4 BAY WHITE GARAGE BUILDING		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<b>Street Address</b> 87 RANDOLPH AVENUE		<b>Sq. Feet</b> 6,300SF <b># of Floors</b> 1 <b>Bldg. Age</b> 60+ years	
<b>City (5)</b> AVENEL		<b>Current Use (prior if being demolished):</b> GARAGE	
<b>County (6)</b> MIDDLESEX		<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> ENVIROVISION, INC.	
<b>ASCM No.</b> 0098		<b>Name of Contractor (9)</b> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<b>Street Address</b> 20-21 WARGARAW ROAD		<b>Street Address</b> 268 MAIN STREET	
<b>City, State, Zip Code</b> FAIRLAWN, NJ		<b>City, State, Zip Code</b> BUTLER, NJ 07405	
<b>Project Manager for Monitoring Firm</b> FRED LARSON		<b>Telephone Number</b> 973-636-9145	
<b>Telephone Number</b> 973-636-9145		<b>License Number</b> 00840	
<b>Scheduled Start Date (10)</b> 06/21/12		<b>Scheduled Completion Date (11)</b> 05/28/12	
<b>Name of OSHA Monitor</b> ENVIROVISION, INC.		<b>Street Address</b> 20-21 WARGARAW ROAD	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Other - Describe: Building Closed/Vacant During Entire Period of Abatement 9:00 AM - 8:00 PM		<b>City, State, Zip Code</b> FAIRLAWN, NJ	
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> > 3 sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> ROOF	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> ROOF	<b>Amount (Specify SF or LF)</b> 6300 SF
<b>Name of Reg. Waste Hauler</b> Newark Carting, Inc. Newark, NJ 04509		<b>NJ DEP Waste Hauler ID #</b> NJ DEP # 4509	<b>Cubic Yards of Waste</b> 40 CY
<b>Name of Registered Landfill</b> G.R.O.W.S. North Landfill		<b>Disposal Date</b> 05/28/12	<b>City, State</b> 100 New Ford Mill Rd Morrisville, Pa 19067 215-735-1700
<b>Notes:</b> None		<b>Signature</b> [Signature] Date: May 18, 2012	
<b>Completed by (Print or Type)</b> RAYMOND C. PEDALINO		<b>Title</b> SENIOR PROJECT MANAGER	

REMEMBER - MAIL IN HARD COPY

DOL - 10 DAY

MAY 18 2012

WAIVER APPROVED

Copies To: AAI, Inc., Attn: Mr. Michael Wachowski, & ENVIROVISION, Attn: Mr. Fred Larson

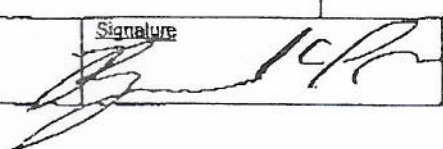


**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC# 334-12

APPROVED

NJ Dept. of Health &amp; Senior Services

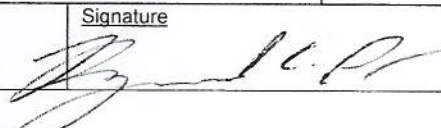
Date of Notification (1) <b>May 18, 2012</b>		Name of Building Owner/Operator (2) <b>INSURANCE AUTO AUCTIONS INC.</b>		APPROVED NJ Dept. of Health & Senior Services (Signature) <b>5/18/12 10:52</b> MAY 21 2012	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification # <input checked="" type="checkbox"/> Emergency (including Justification letter) <input type="checkbox"/> Cancelled		Street Address <b>TWO WESTBROOK CORPORATE CT, SUITE 500</b> City, State, Zip Code <b>WESTCHESTER, IL 60154</b> Name of Contact <b>MICHAEL WACHOWSKI</b> Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>4 BAY WHITE GARAGE BUILDING</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>6,300SF</b> # of Floors: <b>1</b> Bldg. Age: <b>60+ years</b>		
Street Address <b>87 RANDOLPH AVENUE</b>			Current Use (prior if being demolished): <b>GARAGE</b>		
City (5) <b>AVENEL</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>		
Street Address <b>20-21 WARGARAW ROAD</b>			Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
City, State, Zip Code <b>FAIRLAWN, NJ</b>			Street Address <b>268 MAIN STREET</b>		
Project Manager for Monitoring Firm <b>FRED LARSON</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Telephone Number <b>973-636-9145</b>			Telephone Number <b>973-492-0477</b>		
License Number <b>00840</b>			Name of OSHA Monitor <b>ENVIROVISION, INC.</b>		
Scheduled Start Date (10) <b>05/21/12</b>			Scheduled Completion Date (11) <b>05/28/12</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Other - Describe: <b>Building Closed/Vacant During Entire Period of Abatement 8:00 AM - 8:00 PM</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Source of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 280$ ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOF</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>ROOF</b>	Amount (Specify SF or LF) <b>6300 SF</b>	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler <b>Newark Carting, Inc.</b>	NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>40 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>		
Notes: <b>None</b>			Disposal Date <b>05/28/12</b>	City, State <b>100 New Ford Mill Rd. Montsville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>May 18, 2012</b>		



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

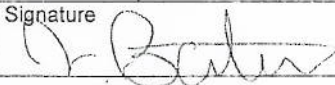
GAC# 334-12

Date of Notification (1) <b>May 18, 2012</b>		Name of Building Owner/Operator (2) <b>INSURANCE AUTO AUCTIONS INC.</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification # <input checked="" type="checkbox"/> Emergency (including Justification letter) <input type="checkbox"/> Cancelled	
Street Address <b>TWO WESTBROOK CORPORATE CTR., SUITE 500</b>		City, State, Zip Code <b>WESTCHESTER, IL 60154</b>	
Name of Contact <b>MICHAEL WACHOWSKI</b>		Telephone Number <b>[REDACTED]</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>4 BAY WHITE GARAGE BUILDING</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>87 RANDOLPH AVENUE</b>		Sq. Feet: <b>6,300SF</b> # of Floors: <b>1</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>AVENEL</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>FAIRLAWN, NJ</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>FRED LARSON</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>05/21/12</b>	Scheduled Completion Date (11) <b>05/28/12</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Other - Describe: <b>Building Closed/Vacant During Entire Period of Abatement 8:00 AM - 8:00 PM</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
Source of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOF</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>ROOF</b>		Amount (Specify SF or LF) <b>6300 SF</b>	
Abatement Type <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Abatement Type Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>	
Name of Reg. Waste Hauler <b>Newark Carting, Inc.</b>	NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>40 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Notes: <b>None</b>		Disposal Date <b>05/28/12</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>May 18, 2012</b>



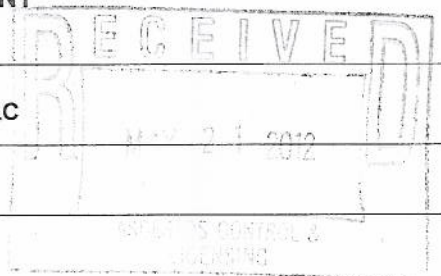
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

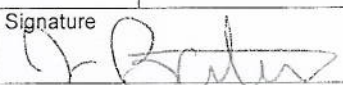


Date of Notification (1) <b>05 / 29 / 12</b>		Name of Building Owner/Operator (2) <b>Bloomfield Condo Associates, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 190-407</b>							
		City, State, Zip Code <b>Brooklyn</b>							
		Name of Contact <b>David Bistricher</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>249 Belville Avenue</b>		Square Feet	# of Floors <b>2</b>						
City (5) <b>Bloomfield</b>		Bldg. Age							
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Management Services</b>		ASCM No. <b>28442</b>	Name of Abatement Contractor (9) <b>ALR Environmental Corp.</b>						
Street Address <b>1015 Terrace Blvd</b>		Street Address <b>110-00 15<sup>th</sup> Avenue</b>							
City, State, Zip Code <b>New Hyde Park, NY 11040</b>		City, State, Zip Code <b>College Point, NY 11356</b>							
Project Manager for Monitoring Firm <b>Kosta Kamberis</b>	Telephone No. <b>917-865-0399</b>	Telephone No. <b>718-359-6000</b>	License No. <b>01168</b>						
Start Date (10) <b>05 / 29 / 12</b>	Scheduled Completion Date (11) <b>06 / 15 / 12</b>	Name of OSHA Monitor <b>Kosta Kamberis</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>8:00AM-8:00PM</b> /____PM-____AM		Street Address <b>1015 Terrace Blvd</b>							
		City, State, Zip Code <b>New Hyde Park, NY 11040</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Basement Boiler Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Boiler Insulation</b>	<b>500 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement Boiler Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>60 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting Inc</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>15 cubic yard</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>PO Box 5670 Newark, NJ</b>			Disposal Date <b>6/1/2012</b>	City, State <b>2335 Applebutter Road Bethlehem, PA</b>					
Completed By (Print or Type) <b>Victoria</b>		Title <b>Secretary</b>	Signature 			Date <b>5/18/12</b>			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>05 / 29 / 12</b>		Name of Building Owner/Operator (2) <b>Bloomfield Condo Associates, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 190-407</b>							
		City, State, Zip Code <b>Brooklyn</b>							
		Name of Contact <b>David Bistricher</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>249 Belville Avenue</b>		Square Feet	# of Floors <b>2</b>						
City (5) <b>Bloomfield</b>		Bldg. Age							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Management Services</b>		ASCM No. <b>28442</b>	Name of Abatement Contractor (9) <b>ALR Environmental Corp.</b>						
Street Address <b>1015 Terrace Blvd</b>		Street Address <b>110-00 15<sup>th</sup> Avenue</b>							
City, State, Zip Code <b>New Hyde Park, NY 11040</b>		City, State, Zip Code <b>College Point, NY 11356</b>							
Project Manager for Monitoring Firm <b>Kosta Kamberis</b>	Telephone No. <b>917-865-0399</b>	Telephone No. <b>718-359-6000</b>	License No. <b>01168</b>						
Start Date (10) <b>05 / 29 / 12</b>	Scheduled Completion Date (11) <b>06 / 15 / 12</b>	Name of OSHA Monitor <b>Kosta Kamberis</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>8:00AM-8:00PM</b> / ____ PM - ____ AM		Street Address <b>1015 Terrace Blvd</b>							
		City, State, Zip Code <b>New Hyde Park, NY 11040</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting Inc</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>15 cubic yard</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>PO Box 5670 Newark, NJ</b>			Disposal Date <b>6/1/2012</b>	City, State <b>2335 Applebutter Road Bethelhem, PA</b>					
Completed By (Print or Type) <b>Victoria</b>		Title <b>Secretary</b>	Signature 			Date <b>5/18/12</b>			



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/5/11 16/11/12		Name of Building Owner/Operator (2) JANET PAPOUCHIS	
Agencies Notified	Type Notification	Street Address 63 PROSPECT AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code MONTCLAIR, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JANET PAPOUCHIS	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) JANET PAPOUCHIS			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 63 PROSPECT AVENUE			Square Feet		
City (5) MONTCLAIR			County (6) ESSEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159
Start Date (10) 05/26/12	Sched. Completion Date (11) 06/15/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT 3 ROOMS		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT REC RM		<input checked="" type="checkbox"/>		PIPE INSULATION	62 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT ABOVE CEILING		<input checked="" type="checkbox"/>		PIPE INSULATION	100 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/29/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/16/12



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/15/11 16/12/11		Name of Building Owner/Operator (2) LEO NAKASHIAN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 98 RIDGE ROAD		City, State, Zip Code RUTHERFORD, NJ 07070	
Name of Contact LEO NAKASHIAN		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) LEO NAKASHIAN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 98 RIDGE ROAD			Square Feet		
City (5) RUTHERFORD			County (6) BERGEN		County Code (7) (State use only)
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 05/29/12		Sched. Completion Date (11) 06/15/12		License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

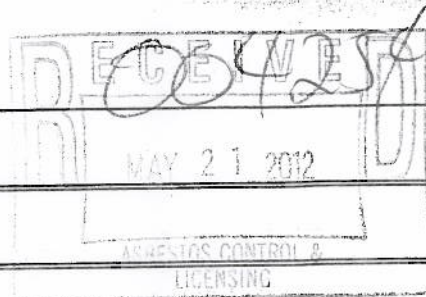
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
MAIN BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	83 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT STORAGE RM		<input checked="" type="checkbox"/>		PIPE INSULATION	72 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BATHROOM		<input checked="" type="checkbox"/>		PIPE INSULATION	21 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/30/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/16/12



D&S Proj. #: MS 12009

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>05/16/12</u>		Name of Building Owner/Operator (2) <u>EUGENE &amp; LISA FOX</u>	
Agencies Notified	Type Notification	Street Address <u>13 EDGEBROOK LANE</u>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <u>TALLMAN, NY 10592</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <u>EUGENE &amp; LISA FOX</u>	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number _____	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>EUGENE &amp; LISA FOX</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>1097 RINGWOOD AVENUE</u>			Square Feet _____ # of Floors _____ Bldg. Age _____		
City (5) <u>WANAQUE</u>	County (6) <u>Passaic</u>	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>D &amp; S RESTORATION, INC.</u>	
Street Address _____		Street Address <u>20 California Ave.</u>		
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>973-345-8020</u>	License Number <u>00159</u>
Start Date (10) <u>05/17/12</u>		Sched. Completion Date (11) <u>05/31/12</u>		
Occupancy Status During Abatement (Check only one)				
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Exterior		<input checked="" type="checkbox"/>		Building Debris Mixed With ACM	150 YD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Transite Siding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D &amp; S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>150</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>VARIOUS DATES</u>		City, State <u>TULLYTOWN, PA</u>
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature _____	Date <u>05.16/12</u>



State of NJ

Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&amp;S Proj. #: MS 12009

004254

Date of Notification (1) 05/16/12		Name of Building Owner/Operator (2) EUGENE & LISA FOX		APPROVED NJ Dept. of Health & Senior Services 5/16/12 (signature) 2:30 PM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 13 EDGEBROOK LANE City, State, Zip Code TALLMAN, NY 10592	
Name of Contact EUGENE & LISA FOX				Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) EUGENE & LISA FOX			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1097 RINGWOOD AVENUE			Square Feet # of Floors Bldg. Age		
City (5) WANAQUE	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm:		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 05/17/12		Sched. Completion Date (11) 05/31/12	License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >100 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure	
---	--	---	--	--

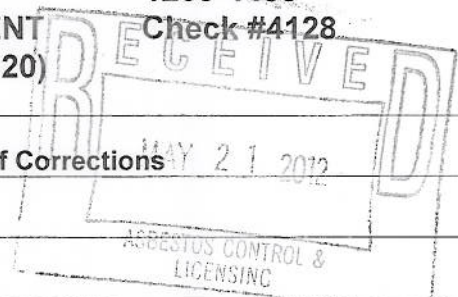
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Exterior		X		Building Debris Mixed With ACM	150 YD	X			
				Transite Siding					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 150	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date VARIOUS DATES		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 05.16/12



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**1205-4485**  
**Check #4128**



Date of Notification (1) <b>5/17/12</b>		Name of Building Owner / Operator (2) <b>State of New Jersey Department of Corrections</b>	
Agencies Notified	Type Notification	Street Address <b>PO Box 11401</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Trenton, NJ 08620</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended#1	Name of Contact <b>William Gercie</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Edna Mahon Correctional Facility</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>30 Pittstown Rd.</b>			Square Feet <b>100,000</b>	# of Floors <b>2</b>	Bldg. Age <b>unknown</b>
City (5) <b>Clinton</b>	County (6) <b>Hunterdon</b>	County Code (7)	Current Use (Prior if being demolished) <b>Correctional Facility</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>120 North Warren Street</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Roland Jones</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>5/17/12</b>	Scheduled Completion Date (11) <b>5/22/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

**Scope of Work (Check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf             | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                          |
|   |  | <input type="checkbox"/> Glove Bag Procedures                    |
|   |  | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure  |

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Loading Dock Area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation (wet wrap)</b>	<b>24 LF</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>5/22/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature 	Date <b>5/17/12</b>



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1205-4485  
Check #4128

Date of Notification (1) <b>5/16/12</b>		Name of Building Owner / Operator (2) <b>State of New Jersey Department of Corrections</b>	
Agencies Notified	Type Notification	Street Address <b>PO Box 11401</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Trenton, NJ 08620</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended#	Name of Contact <b>William Gercie</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Edna Mahon Correctional Facility</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>30 Pittstown Rd.</b>			Square Feet <b>100,000</b>		
City (5) <b>Clinton</b>			County (6) <b>Hunterdon</b>		County Code (7)
			# of Floors <b>2</b>		Bldg. Age <b>unknown</b>
Current Use (Prior if being demolished) <b>Correctional Facility</b>					

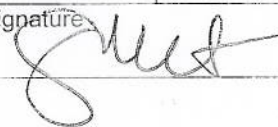
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>120 North Warren Street</b>		Street Address <b>PO Box 25</b>		
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Roland Jones</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>

Scheduled Start Date (10) <b>5/17/12</b>	Scheduled Completion Date (11) <b>5/22/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)

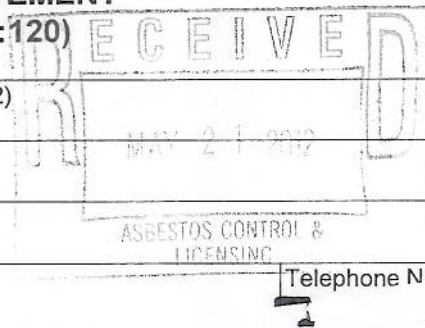
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Loading Dock Area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>24 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/22/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature 		Date <b>5/16/12</b>



**State of New Jersey**      **1205-4487 Check #4129**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) <b>5/18/12</b>		Name of Building Owner / Operator (2) <b>Kennedy Health Facilities</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<b>2 Regulus Drive</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<b>Turnersville, NJ 08012</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>George Lodish</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Kennedy Memorial Hospital</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
<b>18 East Laurel Rd.</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6)			Square Feet	# of Floors	Bldg. Age
<b>Stratford</b>					
County Code (7)			Current Use (Prior if being demolished)		
<b>Camden</b>			<b>Hospital</b>		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9)		
<b>Criterion Laboratories, Inc.</b>			<b>AbateTech, Inc.</b>		
Street Address			Street Address		
<b>3370 Progress Drive</b>			<b>PO Box 25</b>		
City, State & Zip Code			City, State & Zip Code		
<b>Bensalem, PA 19020</b>			<b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
<b>Michael Panepresso</b>		<b>215-244-1300</b>	<b>609-265-2107</b>		<b>00529</b>
Scheduled Start Date (10)		Scheduled Completion Date (11)		Name of OSHA Monitor	
<b>5/29/12</b>		<b>5/31/12</b>		<b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>108 Haddon Ave.</b>		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours –			City, State & Zip Code		
Describe: <b>12 am to 8 am</b>			<b>Westmont, NJ 08108</b>		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf             | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|   |  | <input type="checkbox"/> Glove Bag Procedures                               |
|   |  | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure             |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Elevator Cars</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Flooring Material</b>	<b>144 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
<b>AbateTech, Inc.</b>	<b>18750</b>	<b>8</b>	<b>TRRF Landfill</b>
City, State	Disposal Date	City, State	
<b>Lumberton, NJ</b>	<b>5/31/12</b>	<b>Tullytown, PA</b>	
Completed By (Print or Type)	Title	Signature	Date
<b>Gwen Trumbetti</b>	<b>Opps. Coord.</b>		<b>5/29/12</b>



GL12-021

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check No.1600

Page 1 of 1

Date of Notification (1) 5/16/2012		Name of Building Owner/Operator (2) Fort Lee School District							
Agencies Notified	Type Notification	Street Address 2175 Lemoine Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ 07024							
		Name of Contact Jack	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Board Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 255 Whiteman Street		Square Feet 25,000+	# of Floors 3						
City (5) Fort Lee		Bldg. Age 60+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC		ASCM No. 00127	Name of Abatement Contractor (9) GL Group Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Matthew Abrahams		Telephone No. 610-431-7545	Telephone No. 201-710-9725						
		License No. 01084							
Start Date (10) 06/22/2012	Scheduled Completion Date (11) 07/01/2012	Name of OSHA Monitor GL Group Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: SUB-8		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former Main Office		X		Sheetrock / Spackle	6,360 SF	X			
Former Main Office		X		Carpet/ VAT / Mastic	2,280 SF	X			
Name of Registered Waste Hauler GL Group Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, Nj		Disposal Date 07/02/2012		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 05-16-2012			



GL12-021

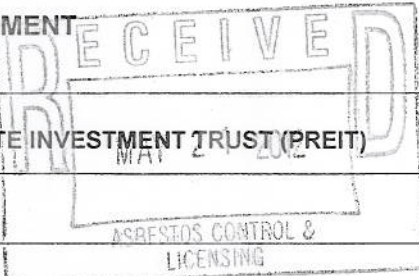
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check No.1600  
Page 1 of 1

Date of Notification (1) 5/16/2012		Name of Building Owner/Operator (2) Fort Lee School District							
Agencies Notified	Type Notification	Street Address 2175 Lemoine Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fort Lee, NJ 07024							
		Name of Contact Jack	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Board Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 255 Whiteman Street		Square Feet 25,000+	# of Floors 3						
City (5) Fort Lee		Bldg. Age 60+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC		ASCM No. 00127	Name of Abatement Contractor (9) GL Group Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Matthew Abrahams		Telephone No. 610-431-7545	Telephone No. 201-710-9725						
		License No. 01084							
Start Date (10) 06/22/2012	Scheduled Completion Date (11) 07/01/2012	Name of OSHA Monitor GL Group Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: SUB-8		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former Main Office		X		Sheetrock / Spackle	6,360 SF	X			
Former Main Office		X		Carpet/ VAT / Mastic	2,280 SF	X			
Name of Registered Waste Hauler GL Group Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, Nj			Disposal Date 07/02/2012	City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 05-16-2012			



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>5 / 15 / 12</b>		Name of Building Owner/Operator (2) <b>PENNSYLVANIA REAL ESTATE INVESTMENT TRUST (PREIT)</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 SOUTH BROAD STREET</b>							
		City, State, Zip Code <b>PHILADELPHIA, PA 19102-3803</b>							
		Name of Contact <b>TIMOTHY TREMEL</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>FORMER PIZZA HUT</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>PHILLIPSBURG MALL, 1200 HIGHWAY 22 EAST</b>									
City (5) <b>PHILLIPSBURG, NJ</b>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <b>WARREN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>INDOOR ENVIRONMENTAL CONCEPTS</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>286 SUNSET ROAD</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>BARRINGTON, NJ</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>MIKE MENZ</b>	Telephone No. <b>856-522-6778</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <b>5 / 29 / 12</b>	Scheduled Completion Date (11) <b>5 / 31 / 12</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FIELD AND FLASHING	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ASPHALT PANELS	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP INC</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>		Signature <i>Patrick T DeCaro</i>			Date <b>5/15/12</b>			



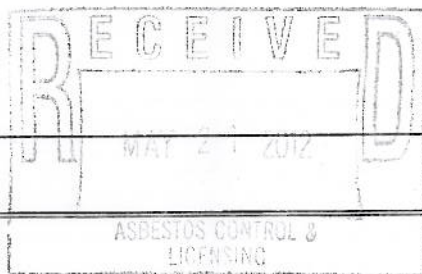
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/16/2012		Name of Building Owner/Operator (2) MICHAEL MARCONI							
Agencies Notified	Type Notification	Street Address 525 SOUTH ORANGE AVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH ORANGE NJ							
		Name of Contact MICHAEL MARCONI							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 525 South Orange Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) South Orange		Square Feet	# of Floors Bldg. Age 60+						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT BUILDING/ FUTURE OFFICE							
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) ENVIRONMENTAL CONTRACTORS INC.						
Street Address 280 HUYLER STREET		Street Address 235 WATCHUNG AVE							
City, State, Zip Code HACKENSACK NJ		City, State, Zip Code WEST ORANGE NJ 07052							
Project Manager for Monitoring Firm GEISER FAJARDO		Telephone No. 201-724-8135	Telephone No. 973-243-9872						
		License No. 000559							
Start Date (10) 05/29/2012	Scheduled Completion Date (11) 06/01/2012	Name of OSHA Monitor LONG ISLAND ANALYTICAL							
Occupancy Status During Abatement (Check Only One)		Street Address 110 COLIN DRIVE							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code HOLBROOK, NY 11741							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	x			VAT Floor Tiles	2,150 sf	x			
First Floor Windows	x			Window Caulk	810lf	x			
Name of Registered Waste Hauler ENVIRONMENTAL CONTRACTORS INC.		NJDEP Waste Hauler ID No. 19101	Cubic Yards of Waste	Name of Registered Landfill NEW MORGAN LANDFILL CO.					
City, State WEST ORANGE			Disposal Date	City, State EXTON PA					
Completed by SLAWOMIR KIELCZEWSKI		Title PRESIDENT	Signature <i>Kielcowski</i>			Date 05/16/2012			



D&amp;S Proj. #: MS 12-183

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/16/11 17/11/12		Name of Building Owner/Operator (2) CHRISTOPHER SEFTON	
Agencies Notified	Type Notification	Street Address 52 ARDSLEY ROAD	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code MONTCLAIR, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact CHRISTOPHER SEFTON	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) CHRISTOPHER SEFTON			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 52 ARDSLEY ROAD			Square Feet		
City (5) MONTCLAIR			County (6) ESSEX	County Code (7) (State use only)	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 05/31/12			License Number 00159		
Sched. Completion Date (11) 06/14/12			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	15 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	36 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/01/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/17/12

\* Do not use this form for asbestos licensure exempted activities



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 / 17 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 6 / 1 / 12	Scheduled Completion Date (11) 6 / 21 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-_____PM/_____PM-12:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and fittings	575 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve Packing	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	30 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Corridor A level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 5/17/12			



**State of NJ**  
**Notification of Asbestos Abatement**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-105

5263

**RECEIVED**  
Check # 5263  
MAY 21 2012

Date of Notification (1) <u>10/5/11</u> <u>18/11/12</u>		Name of Building Owner/Operator (2) <u>Kevin Barber</u>	
Agencies Notified	Type Notification	Street Address <u>13 Butler Place</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Kearny, NJ 07032</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact <u>Kevin Barber</u>	Telephone Number *
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) <u>Kevin Barber</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>13 Butler Place</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Kearny, NJ 07032</u>	County (6) <u>Hudson</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>5/29/2012</u>		Sched. Completion Date (11) <u>5/29/2012</u>	Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> Non-friable procedure         |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	100 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 yard</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>5/30/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>5/18/2012</u>



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-95

Check #: 5264

Date of Notification (1) 10/5/11 18/11/12		Name of Building Owner/Operator (2) Robert Reeves	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 28 Madison Avenue		City, State, Zip Code Maplewood, NJ 07040	
Name of Contact Robert Reeves		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Robert Reeves			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 28 Madison Avenue			Square Feet		
City (5) Maplewood, NJ 07040			County (6) Essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number 973-696-6869		License Number 0378
Sched. Start Date (10) 5/30/2012			Sched. Completion Date (11) 5/30/2012		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> Non-friable procedure         |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	contaminated fiberglass insulation	80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 5/31/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 5/18/2012

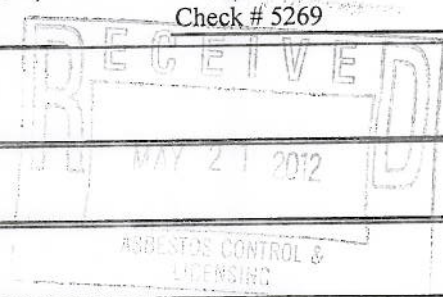


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-106

Check # 5269

5269



Date of Notification (1) <u>05/11/18/12</u>		Name of Building Owner/Operator (2) Mark Bender	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 111 West 3rd Street	
		City, State, Zip Code Bayonne, NJ 07002	
		Name of Contact Mark Bender	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mark Bender			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 111 West 3rd Street			Square Feet   # of Floors   Bldg. Age		
City (5) Bayonne, NJ 07002	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 5/29/2012		Sched. Completion Date (11) 5/29/2012	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> Non-friable procedure         |

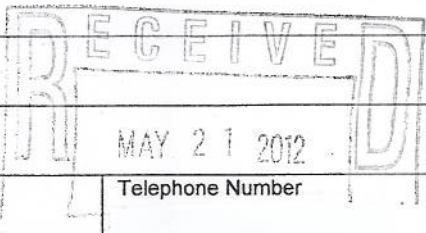
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room			X	pipe insulation	25 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 5/30/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 5/18/2012



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>5/18/12</b>		Name of Building Owner/Operator (2) <b>P.S.E.G</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b>	
		City, State, Zip Code <b>South Plainfield, NJ 07080</b>	
		Name of Contact <b>THOMAS COATES</b>	Telephone Number _____



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>P.S.E.G</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>13 Eisenhower Parkway</b>		Square Feet <b>8500 APPX</b>	# of Floors <b>3</b>
City (5) <b>Roseland</b>		Bldg. Age <b>APPX 78 YRS</b>	
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Control House</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>Unique Systems of America</b>
Street Address <b>64 Broad St.</b>		Street Address <b>396 Whitehead Ave.</b>	
City, State, Zip Code <b>Matawan, NJ 07747</b>		City, State, Zip Code <b>South River, NJ 08882</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>
License No. <b>01111</b>		Name of OSHA Monitor <b>Unique Systems of America</b>	
Start Date (10) <b>6/4/2012</b>	Scheduled Completion Date (11) <b>6/13/2012</b>		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>396 Whitehead Ave.</b>	
		City, State, Zip Code <b>South River, NJ 08882</b>	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

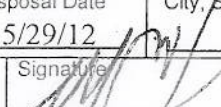
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>CONTROL ROOM</b>		<b>X</b>		<b>Transite Floor Panels</b>	<b>338 SF</b>	<b>X</b>			
				<b>ACM Sock</b>	<b>600 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>GROWS NORTH</b>	
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>6/13/2012</b>		City, State <b>MORRISVILLE, PA</b>	
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <i>Carol Raimo</i>	Date <b>5/18/12</b>	



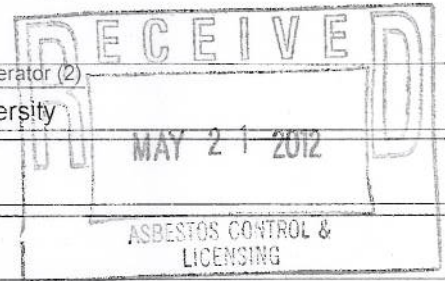
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*STEVENS ENVIRONMENTAL SERVICES INC*  
**RECEIVED**  
MAY 21 2012

Date of Notification (1) <u>5/18/12</u>		Name of Building Owner/Operator (2) <u>Bert Moody</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>235 Prospect Street</u>						
		City, State, Zip Code <u>Princeton, NJ 08542</u>						
		Name of Contact <u>Bert Moody</u>	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>235 Prospect Street</u>		Square Feet	# of Floors					
City (5) <u>Princeton</u>		Bldg. Age						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>5/29/12</u>	Scheduled Completion Date (11) <u>5/29/12</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<u>basement</u>			<input checked="" type="checkbox"/>	<u>duct insulation</u>	<u>6 SF</u>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/29/12</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/18/12</u>					



STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 AND 12:120)



Date of Notification (1) <b>5/3/12</b>		Name of Building Owner/Operator (2) <b>William Paterson University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>300 Pompton Road</b>		City, State, Zip Code <b>Wayne, NJ 07470</b>	
Name of Contact <b>John Urinyi</b>		Tel. Number	

Name of Facility Where Abatement is Taking Place (3) <b>William Paterson University</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
Street Address <b>300 Pompton Road</b>			
City (5) <b>Wayne</b>	County (6) <b>Passaic</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>TTI Environmental</b>		ASCM No. <b>00003</b>	
Street Address <b>1253 N. Church St</b>		Name of Contractor (9) <b>MTM Metro Corporation</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		Street Address <b>135-137 McBride Ave</b>	
Project Manager for Monitoring Firm <b>Jeff Seaman</b>		Telephone Number <b>856.840.8800</b>	License Number <b>00809</b>
Scheduled Start Date (10) <b>5/29/12</b>		Scheduled Completion Date (11) <b>6/08/2012</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other-Describe: <b>adjanced office will be occupied</b>		Street Address <b>135-137 McBride Ave</b> City, State, Zip Code <b>Paterson, NJ 07501</b>	

Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Boiler Room</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Tubular Boiler Insulation</b>	Amount (Specify SF or LF) <b>200 SF</b>
		Abatement Type Rem. <input checked="" type="checkbox"/> Rep. <input type="checkbox"/> Encap <input checked="" type="checkbox"/> Enclose <input type="checkbox"/>	

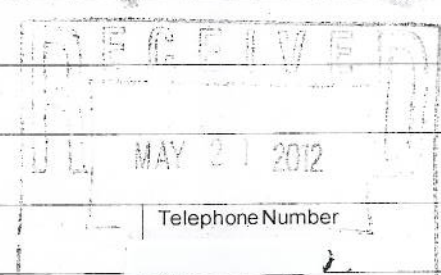
  

Name of Reg. Waste Hauler <b>MTM Metro Corporation</b>	NJDEP Waste Hauler ID # <b>26552</b>	Cubic Yards of Waste <b>15</b>	Name of Reg. Landfill <b>Tullytown</b>
City, State <b>Paterson, NJ</b>		Disp. Date <b>6/8/2012</b>	City, State <b>Tullytown, PA</b>
Completed by (Print or Type) <b>Elizabeth Maslarkov</b>	Title <b>Business Administrator</b>	Signature <i>Elizabeth Maslarkov</i>	Date <b>5/3/12</b>



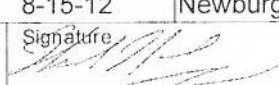
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>May 18, 2012</b>		Name of Building Owner/Operator (2) <b>Donnelly Construction</b>	
Agencies Notified	Type Notification	Street Address <b>557 Rt 23 South</b>	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <b>1</b>	City, State, Zip Code <b>Wayne, NJ 07470</b>	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>Mike McNamara</b>	Telephone Number



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Toys R Us</b>		Type of Facility (4)	
Street Address <b>1701 Morris Ave</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Union, NJ</b>	County (6) <b>Union</b>	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) <b>retail</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>ECMS Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>
Street Address <b>10 Filmont Dr.</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
City, State, Zip Code <b>NY, NY 10956</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Project Manager for Monitoring Firm <b>Mr. Rutstein</b>		Telephone No. <b>845-638-0640</b>	Telephone No. <b>(973) 759 - 5000</b>
Start Date (10) <b>5-18-12</b>		Scheduled Completion Date (11) <b>8-15-12</b>	License No. <b>00781</b>
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>The MACK Group, LLC.</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>13 Phases all weekend work, Fri 10pm - Monday 7am</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	


Location of Asbestos-Containing Material (ACM) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>throughout</b>		<input checked="" type="checkbox"/>		<b>Vat/Mastic</b>	<b>37,000 s/f</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Newark Carting</b>	NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>370</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>
City, State <b>Newark, NJ</b>	Disposal Date <b>8-15-12</b>	City, State <b>Newburg, PA</b>	
Completed by <b>Mike Cooper</b>	Title <b>President</b>	Signature 	Date <b>5/18/12</b>



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

143

Date of Notification (1) <b>May 04, 2012</b>		Name of Building Owner/Operator (2) <b>Donnelly Construction</b>						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<b>557 Rt 23 South</b>						
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code						
<input checked="" type="checkbox"/> DOL	Amendment # _____	<b>Wayne, NJ 07470</b>						
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number					
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Mike McNamara</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Toys R Us</b>		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12)						
<b>1701 Morris Ave</b>		<input type="checkbox"/> Subchapter 8 (Other than K-12)						
City (5)		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
<b>Union, NJ</b>		Square Feet	# of Floors					
County (6)		Bldg. Age						
<b>Union</b>								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
<b>0021</b>		<b>retail</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address		Street Address						
<b>907 Doolittle Drive</b>		<b>1500 Kings HWY N, STE 209</b>						
City, State, Zip Code		City, State, Zip Code						
<b>Bridgewater, NJ 08807</b>		<b>Cherry Hill, NJ 08034</b>						
Project Manager for Monitoring Firm		Telephone No.	License No.					
<b>Eric Houseknecht</b>		<b>(908) 218-1108</b>	<b>(973) 759 - 5000</b>					
Start Date (10)		Name of OSHA Monitor						
<b>5-18-12</b>		<b>The MACK Group, LLC.</b>						
Scheduled Completion Date (11)		Street Address						
<b>8-15-12</b>		<b>1500 Kings HWY N, STE 209</b>						
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		<b>Cherry Hill, NJ 08034</b>						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours								
<input checked="" type="checkbox"/> Other - Describe: <b>13 Phases all weekend work, Fri 10pm - Monday 7am</b>								
Scope of Work (Check All That Apply)								
<input type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Mini-Enclosure						
<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Glovebag Procedure						
<input type="checkbox"/> Demolition		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>37,000 s/f</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>throughout</b>		<input checked="" type="checkbox"/>	<b>Vat/Mastic</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler		NJ DEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
<b>Newark Carting</b>		<b>4509</b>	<b>370</b>	<b>Cumberland County Landfill</b>				
City, State		Disposal Date		City, State				
<b>Newark, NJ</b>		<b>8-15-12</b>		<b>Newburg, PA</b>				
Completed by		Title	Signature	Date				
<b>Mike Cooper</b>		<b>President</b>		<b>5/4/12</b>				